

EXPLANATION OF CHANGES-INCORPORATED MATERIAL

907 KAR 1:376

HOSPITAL SERVICES MANUAL

OCTOBER, 1992

1. The Hospital Services Manual is used by agency staff and participating providers of the Medicaid Program. This Manual is being amended to reflect any significant policy and billing changes which have been promulgated and approved in the appropriate administrative regulation governing the specific subject matter, and to show any minor clarifications of policy or procedure which may be made.
2. The entire manual consists of one hundred ninety-seven (197) pages. One hundred twenty-two (122) pages are being amended by this proposed regulation.
3. The Table of Contents is being amended to add, delete, and change headings to reflect the correct sections and page contents. These changes have no major impact on policy.

Reason: This action was taken to reflect correct location of page and section content.

Authority: KRS 205.520

4. Page 1.1 is being amended to delete the inappropriate EDS toll-free telephone number and adding the new toll-free number and deleting "Medical Assistance" and adding "Medicaid" to correctly identify the Kentucky Medicaid Program.

Reason: To correctly identify the Kentucky Medicaid Program and provide correct telephone number for EDS.

Authority: KRS 205.520

5. Page 2.1 is being amended to delete the phrase "frequently referred to as the Medicaid Program", deleted "Medical Assistance" and added "Medicaid" to correctly identify the Program and deleting the phrase "either by Medicare or Medicaid" to clarify Program coverage.

Reason: To provide correct Program identity and coverage provided in this manual.

Authority: KRS 205.520

6. Pages 2.2 is being amended to correct the number of required advisory council members from "17" to "18", four-year term appointees from "16" to "17", members representing the professional groups changed from "9" to "10", and the addition of "3" which clarifies the number representing the lay citizens. In addition, "3" was added to clarify the frequency of each council meeting.

Reason: To provide the correct number of members required to form the Advisory Council.

Authority: KRS 205.540, KRS 205.520

7. Pages 2.3 is being amended by adding "(5) or six (6)" to correct the members needed to represent provider groups and recipients. This page also includes information transferred from previous page.

Reason: To provide the correct number of members required to form the Advisory Council.

Authority: KRS 205.540, KRS 205.520

8. Page 2.4-2.5 are being amended by transferring information from previous pages. There are no actual changes involved.

Reason: Retyping of pages required due to the transferring of information to different pages.

Authority: KRS 13A, KRS 205.520

9. Page 2.6 is being amended to contain a paragraph transferred from previous page and the addition of phrase: "having knowledge of the occurrence of any event affecting" which was inadvertently omitted in the previous manual update.

Reason: To meet requirements of Public Law 92-603, Section 1909.

Authority: KRS 13A, KRS 205.520

10. Page 2.7-2.8 are being amended to including information transferred from previous pages. There are no policy changes involved.

Reason: To meet KRS 13A drafting requirements.

Authority: KRS 13A, KRS 205.520

11. Page 2.9 is being amended to delete "445.45" to 447.45" and to include information transferred from previous page.

Reason: To meet KRS 13A drafting requirements.

Authority: KRS 13A, KRS 205.520

12. Page 2.10 is being amended to include information from previous page and by deleting "refugee cases" to clarify program policy.

Reason: To verify deletion of Refugee cases from coverage.

Authority: KRS 13A, KRS 205.520

13. Page 2.11 is being amended to include information transferred from previous page and by adding "Advanced Registered Nurse Practitioner" to updated with Program services.

Reason: To meet drafting changes and provide latest Program service categories.

Authority: KRS 13A, KRS 205.520

14. Page 2.12 is being amended to include information transferred from previous page and changing "will" to "shall", "is" to "shall" and adding "be" to comply with LRS regulations.

Reason: To meet KRS 13A drafting changes.

Authority: KRS 13A, KRS 205.520

15. Page 2.13 is being amended to include information from previous page and "will" and "can" to "shall" to comply with LRS regulations.

Reason: To meet KRS 13A drafting changes.

Authority: KRS 13A, KRS 205.520

16. Page 3.1 is being amended to include the phrases "(Medicare) in order to be eligible to submit a Commonwealth of" which was inadvertently omitted on the previous manual updated and adding "Department for Medicaid Services Certification on Lobbying (MAP-343A)" to comply with Program policy.

Reason: To clarify and provide clear requirements for provider participation.

Authority: KRS 13A, KRS 205.520

17. Page 3.2 is being amended by deleting "Intermediate Care Facility Manual or Skilled Nursing Facility Manual" and adding Nursing Facility Services Manual. The last sentence was transferred from following page.

Reason: To provide the latest revision of Program service titles.

Authority: KRS 205.520, KRS 13A

18. Page 3.3 is being amended by changing "Medical Assistance" to "Medicaid" for correct Program identification, deleting "Review" in order to correctly identify the Peer Review Organization and transferring information from the following page.

Reason: To clarify Program and Peer Review Organization identity.

Authority: KRS 205.520

19. Page 3.4 is being amended by adding "Standard" to clarify the time zone and transferring of information from the following page.

Reason: To clarify the area time zone.

Authority: KRS 205.520

20. Page 3.5 is being amended to include information transferred from the following page.

Reason: To meet drafting regulations.

Authority: KRS 13A, KRS 205.520

21. Page 3.6 is being amended by changing "must" to "shall" to comply with LRC regulations, "Medical Assistance" to "Medicaid" for appropriate Program identification and the inclusion of written information being transferred from the following page.

Reason: To correctly identify the Medicaid Program and meet KRS 13A drafting regulations.

Authority: KRS 13A, KRS 205.520

22. Pages 3.7-3.8 are being amended to include regulations involving the Patient's Advance Directives as established in OBRA, 1990, Section 4751.

Reason: To comply with OBRA 1990 regulations.

Authority: OBRA 90, KRS 205.520

23. Page 4.1-4.8 are being amended to include new federally mandated coverage; therefore, each page contains information which was transferred from a prior page.

Reason: To meet drafting requirements.

Authority: KRS 205.520, KRS 13A

24. Page 4.1 is being amended by changing "the" to "either", "date" to "the first day" and adding "if later" to clarify Program policy; "can" and "will" to "shall" to meet LRC requirements and paragraphs relating to Program policy concerning coverage for recipients under age 6 in disproportionate share hospitals and under age 1 in non-disproportionate share hospitals.

Reason: To meet drafting requirements and provide additional Program coverage relating to recipients under the ages of six (6) and one (1) as required by OBRA '90.

Authority: KRS 13A, KRS 205.520, OBRA '90

25. Page 4.2 is being amended to include additional information relating to services covered under the Hospital Indigent Care Assurance Program (HICAP). Other corrections include the deletion of "can", "is", "are", and adding "shall" or "shall be" to comply with LRC regulations.

Reason: To provide updated information involving HICAP and other drafting changes.

Authority: KRS 205.570, KRS 205.520, KRS 13A

26. Page 4.3 is being amended to include the phrase, "The services shall be considered covered, subject to other Program edits," which was inadvertently omitted from prior manual updates. Other corrections include the deletion of "are" to "shall be" to comply with LRC regulations and "3" to "30".

Reason: To meet KRS 13A drafting requirements.

Authority: KRS 13A, KRS 205.520

27. Page 4.4 is being amended to change "handicapped individuals" to "persons with disabilities" and "is" to "shall be".

Reason: To clarify and meet drafting requirements.

Authority: KRS 13A, KRS 205.520

28. Page 4.6 is being amended to delete "will" and add "shall" to comply with LRC regulations.

Reason: To meet KRS 13A drafting requirements.

Authority: KRS 13A, KRS 205.520

29. Page 4.8 is being amended by adding the phrase "Effective for services provided prior to July 1, 1991, in order to reflect implementation date for coverage.

Reason: To meet KRS 13A drafting requirements.

Authority: KRS 13A, KRS 205.520

30. Page 4.9 is being amended by deleting the phrase "on or after July 1, 1989" and adding "from July 1, 1989 through June 30, 1991", to clarify Program policy and deleting "are" and adding "shall be" to comply with LRC regulations. Other corrections include the addition of two paragraphs relating to federally mandated Program services provided on or after July 1, 1991, to recipients under age 6 in disproportionate share hospitals and to recipients under age 1 in non-disproportionate share hospitals.

Reason: To meet drafting requirements and to comply with new federally mandated Program coverage issues.

Authority: KRS 13A, KRS 205.520, OBRA '90

31. Page 4.10 is being amended by deleting "such" and adding "that" for correct grammar.

Reason: To meet KRS 13A drafting requirements.

Authority: KRS 13A, KRS 205.520

32. Page 4.12 is being amended to include a paragraph relating to Clinical Laboratory Improvement Amendments (CLIA). Other corrections include deleting "their" and adding "its" for correct grammar.

Reason: To meet Clinical Laboratory Improvement Amendments of '88 and other drafting requirements.

Authority: KRS 13A, KRS 205.520, CLIA '88

33. Page 4.13 is being amended by deleting "disproportionate share" and adding "Acute", "Medicaid", "with exceptionally high costs or long lengths of stay" and "under age six (6) for disproportionate hospitals" to clarify Program policy.
- Reason: To clarify Program coverage as it relates to recipients with exceptionally high costs or long lengths of stay.
- Authority: KRS 13A, KRS 205.520, OBRA '90
34. Page 4.15 is being amended by deleting "services" to clarify Program policy.
- Reason: To meet KRS 13A drafting requirements.
- Authority: KRS 13A, KRS 205.520
35. Page 4.16 is being amended by adding a paragraph relating to Clinical Laboratory Improvement Amendments (CLIA).
- Reason: To meet Clinical Laboratory Improvement Amendments of '88.
- Authority: KRS 13A, KRS 205.520. CLIA '88
36. Page 4.17 is being added and will include item 10 concerning policy on observation room and holding beds which was inadvertently omitted from the prior update and deleting "are" and adding "shall be" to comply with LRC regulations.
- Reason: To meet drafting requirements and provide Program coverage clarification.
- Authority: KRS 13A, KRS 205.520
37. Page 5.2 is being amended to include a paragraph clarifying Program policy relating to the billing of outpatient services provided prior to the actual time of the inpatient admission.
- Reason: To provide current Program coverage.
- Authority: KRS 13A, KRS 205.520

38. Page 5.3 is being amended by deleting the inappropriate address for ordering the CPT-4 books and adding the correct address.

Reason: To meet drafting requirements.

Authority: KRS 13A, KRS 205.520

39. Page 5.4 is being amended by deleting "Rendered" for clarification purposes and "its" and adding "their" for correct grammar.

Reason: To meet drafting requirements.

Authority: KRS 13A, KRS 205.520

40. Page 5.5 is being amended by deleting paragraphs relating to the MAP-346. This paragraph now appears on page 5.6.

Reason: To meet drafting requirements.

Authority: KRS 13A, KRS 205.520

41. Page 5.6 is being amended to include paragraphs relating to the MAP-346 which was transferred from the prior page and by adding "provided" under item #7 to clarify Program policy.

Reason: To meet drafting requirements and provide additional Program coverage.

Authority: KRS 13A, KRS 205.520

42. Page 5.7 is being amended by deleting "will" and adding "shall" to comply with LRC regulations.

Reason: To meet drafting requirements.

Authority: KRS 13A, KRS 205.520

43. Page 5.8 is being amended by adding "Effective" in last paragraph for clarification of Program coverage.

Reason: To clarify the effective date of Program coverage for out-of-state hospitals.

Authority: KRS 13A, KRS 205.520

44. Page 5.10 is being amended by adding a paragraph relating to the add-on fee which has been established for out-of-state disproportionate share hospitals.
- Reason: To meet drafting requirements and provide additional Program coverage.
- Authority: KRS 13A, KRS 205.520
45. Page 6.1 is being amended by deleting "MCAA" and adding "MCCA" to correctly identify the Medicare Catastrophic Coverage Act (MCCA).
- Reason: To correctly identify the Medicare Catastrophic Coverage Act (MCCA).
- Authority: KRS 13A, KRS 205.520, MCCA '88
46. Page 6.2 is being amended by deleting the last paragraph which is being transferred to the following page.
- Reason: To meet drafting requirements.
- Authority: KRS 13A, KRS 205.520
47. Page 6.3 is being amended to include the first paragraph which was transferred from the prior page and by deleting "Rendered for clarification purposes."
- Reason: To meet drafting requirements.
- Authority: KRS 13A, KRS 205.520
48. Pages 6A.1-6A.7 are being amended to include additions, deletions, or the rearranging of information which required the transferring of information to different pages.
- Reason: To comply with drafting requirements.
- Authority: KRS 13A, KRS 205.520
49. Page 6A.1 is being amended by deleting "Medical Assistance" and adding "Medicaid" for correct Program identity.
- Reason: To comply with drafting requirements.
- Authority: KRS 13A, KRS 205.520

50. Page 6A.2 is being amended by adding insurance codes K, R, S, and their meaning and a sentence in the last paragraph to clarify policy involving third party payor coverage verification.

Reason: To provide current insurance codes and detailed information required when the recipients have exhausted their third party coverage.

Authority: KRS 13A, KRS 205.520

51. Page 6A.3 is being amended by adding continued clarification of services involving third party payors.

Reason: To provide current Program requirements involving recipients that have exhausted their third party benefits and information necessary before Program payment can be provided.

Authority: KRS 205.520, KRS 13A

52. Page 6A.4 is being amended by deleting the incorrect EDS toll-free telephone number and entering the correct toll-free number.

Reason: To provide the current telephone numbers of EDS for provider contact purposes.

Authority: KRS 205.520

53. Page 6A.7 is being amended by deleting "attorney", "company" to "carrier", adding "party, but the liability has not been determined, you shall proceed with submitting your claim to EDS if you provide" and deleting "for payment shall be pursued from the liable party. If the liable party has not been determined, attach copies of" and "the claim when submitting to Medicaid for payment." in order to clarify Program policy concerning accident and work related claims.

Reason: To provide current requirements to providers when submitting claims that involve services billed as a result of an accident or work-related incident.

Authority: KRS 205.520

54. Pages 7.1-7.24 are being amended to include additions, deletions, and transferring of information to various pages in order to clarify Program policy and billing instructions.

Reason: To clarify Program policy and billing instructions.

Authority: KRS 205.520, KRS 13A

55. Page 7.1 is being amended to delete "carbon" for clarification purposes. In addition, the fourth paragraph is being deleted and transferred to page 7.5 for billing clarification purposes.

Reason: To correct minor changes and transfer the fourth paragraph to item "F" to better describe the completion of the UB-82 billing form.

Authority: KRS 205.520

56. Page 7.2 is being amended to delete inappropriate EDS toll-free telephone number and enter the correct toll-free number.

Reason: To provide the current telephone number of EDS for provider contact purposes.

Authority: KRS 205.520

57. Page 7.3 is being amended to include three paragraphs relating to the billing of Part A and Part B services that are transmitted via tape to Kentucky Medicaid by the Medicare fiscal intermediary.

Reason: To provide Program policy concerning the implementation of the Medicare Part A and B tape billing and billing procedure that follows if claims do not appear on the Medicaid RA's within thirty (30) days of the Medicare adjudication date.

Authority: KRS 205.520

58. Page 7.4 is being amended by deleting "such" and adding "these" for clarification purposes. Other additions include information relating to Outpatient services provided prior to admission as an inpatient.

Reason: To meet drafting requirements and provide Program policy concerning the billing of outpatient services prior to the actual time of admission as an inpatient.

Authority: KRS 13A, KRS 205.520

59. Page 7.5 is being amended by including continued information relating to outpatient services provided prior to actual admission, changing "E" to "F" and the addition of a paragraph describing form locator instructions for the UB-82 billing form which was transferred from page 7.1.

Reason: To provide updated Program policy involving outpatient services and to clarify UB-82 instructions.

Authority: KRS 205.520

60. Page 7.6 is being amended to include "regular Medicaid" for billing clarification and a paragraph relating to the usage of TOB 134.

Reason: To clarify different billing procedures for regular Medicaid outpatient services and a paragraph relating to the usage of TOB 134.

Authority: KRS 205.520

61. Page 7.8 is being amended by deleting "one (1)" and adding "six (6)" and "COVERED" to clarify Program policy.

Reason: To clarify the Program policy in relation to recipients under the age six (6) in disproportionate share hospitals and the entry for the covered dates of service.

Authority: KRS 205.520, OBRA '90

62. Page 7.9 is being amended by adding a paragraph relating to the billing of regular outpatient services and recurring outpatient services in accordance with Program policy. In addition, "covered" is being included to clarify the days to be billed to Medicaid for reimbursement.

Reason: To clarify Program coverage in billing for recurring outpatient services and request to enter COVERED days in appropriate area on the billing form.

Authority: KRS 205.520

63. Page 7.11 is being amended to include updated information regarding the usage of CPT-4 codes required through 1992.

Reason: To provide the appropriate usage of CPT-4 codes through the year of 1992.

Authority: KRS 205.520, HCPCS '92

64. Page 7.12 is being amended to include the phrase "and shall be identified as Kentucky Medicaid or KY Medicaid" in order to properly identify the Medicaid Program.

Reason: To comply with drafting requirements and correctly identify the Medicaid Program.

Authority: KRS 205.520, KRS 13A

65. Page 7.13 is being amended by deleting "Exception: MAID numbers of refugee recipients will include alpha characters" as Medicaid no longer covers these services.

Reason: To update Program policy as refugee services are no longer covered by Kentucky Medicaid.

Authority: KRS 205.520

66. Page 7.15 is being amended by deleting "state, name and license numbers" and adding "Unique Physician Identification Number (UPIN) and name" to comply with Medicare guidelines.

Reason: To update Program records by adding a request for the Unique Physician Identification Number (UPIN) to comply with Medicare guidelines.

Authority: KRS 205.520, HCFA

67. Page 7.16 is being amended by deleting "must" and adding "shall" to comply with LRC drafting regulations.

Reason: To comply with drafting requirements.

Authority: KRS 13A, KRS 205.520

68. Page 7.19 is being amended by adding "July 1, 1991 through June 30, 1991", for individuals under age one (1) and two additional paragraphs concerning disproportionate share and non-disproportionate share information relating to recipients under ages of 6 and 1 which relates to Program coverage.

Reason: To provide the effective date and changes involving recipients under age six (6) in disproportionate share hospitals and under age one (1) in all acute care hospitals.

Authority: KRS 205.520, OBRA '90

69. Pages 7.21-7.24 are being added in order to provide billing instructions for the HCFA-1500 that the providers are required to utilize when billing the Medicaid Program for the Part B deductible and coinsurance amounts covering hospital-based physician services.

Reason: To provide billing instructions for the HCFA-1500 that the providers are required to utilize when billing for the Part B deductible/coinsurance amounts covering hospital-based physician services.

Authority: KRS 205.520

70. Page 9.2 is being amended by deleting the inappropriate EDS toll-free telephone number and adding the new toll-free number.

Reason: To provide the correct toll-free telephone number of EDS for provider contact purposes.

Authority: KRS 205.520

71. Page 9.4 is being amended by deleting the inappropriate EDS toll-free telephone number and adding the correct toll-free number. Other corrections include deleting "ID" and adding "Identification" for clarification purposes.

Reason: To provide the correct toll-free telephone number for EDS for provider contact purposes and adding identification for clarification in reference to the Medical Assistance Identification Card.

Authority: KRS 205.520

72. Page 9.7 is being amended by deleting the inappropriate EDS toll-free telephone number and adding the correct number and "such" to "this" for clarification purposes.

Reason: To comply with drafting regulations and provide the correct toll-free telephone number of EDS for provider contact purposes.

Authority: KRS 13A, KRS 205.520

73. Appendix I, pages 1-11, are being amended by deleting, adding, and rearranging the summaries of services covered by the Medicaid Program in alphabetical order for easier reference.

Reason: Services covered by the Medicaid Program were rearranged in alphabetical order for easier reference.

Authority: KRS 205.520

74. Appendix I, Page 1 is being amended by including a description of Advanced Registered Nurse Practitioner Services, deleting "performed" and adding "provided", "free-standing" under Ambulatory Surgical Center Services and "a" to "suppliers of" for clarification of services provided by the Medicaid Program.

Reason: To comply with drafting requirements and provide a clear explanation of Program coverage.

Authority: KRS 205.520, KRS 13A

75. Appendix I, Page 2 is being amended to include a summary of services provided under EPSDT Special Services Program.

Reason: To provide Program coverage.

Authority: KRS 205.520

76. Appendix I, page 3 is being amended by deleting "are" to "shall be" in order to comply with LRC regulations, "certain hearing aid repairs shall be covered through the hearing services element", "aid" to "aide" and "durable medical equipment, appliances, and certain prosthetic supplies on a preauthorized basis" to clarify Program coverage. Other additions include Medicaid benefits available under Hospice care.

Reason: To comply with drafting requirements and provide a clear explanation of Program coverage.

Authority: KRS 13A, KRS 205.520

77. Appendix I, Page 4 is being amended to include a sentence under Hospital Inpatient Services verifying elective and cosmetic services, services provided to recipients under age one (1) and changing "one (1)" to reflect "six (6)" in accordance with Program coverage.

Reason: To provide a clear explanation of Program coverage.

Authority: KRS 205.520

78. Appendix I, Page 5 is being amended by rearranging the wording of laboratory services to comply with CLIA requirements, deleting and relocating Nursing Facility Services and adding "for the Mentally Retarded and Developmentally Disabled (ICF/MR/DD)" for coverage clarification.

Reason: To comply with CLIA requirements and clarify Program coverage.

Authority: KRS 205.520, CLIA '88

79. Appendix I, Page 6 is being amended by deleting "Partial Hospitalization" and adding "Psychosocial Rehabilitation". Other changes include deleting information pertaining to Mental Hospital Services, Nurse Anesthetist Services, and Nurse Midwife Services as this information was transferred to other pages.

Reason: To provide a clear explanation of Program coverage.

Authority: KRS 205.520

80. Appendix I, Page 8 is being amended by changing "quarterly" to "periodically", "are" to "shall be" and "must" to "shall" to comply with LRC regulations. Other changes include the addition of selected vaccines and RhoGAM as a covered item under Physician Services and information regarding Nurse Midwife Services.

Reason: To comply with drafting requirements and provide a clear explanation involving Program coverage.

Authority: KRS 13A, KRS 205.520

81. Appendix I, Page 9 is being amended by deleting "immunizations", "selected vaccines and RhoGAM, anti-neoplastic drugs", "such as" to "e.g. new patient" to clarify coverage benefits and "is" to "shall be" to comply with LRC regulations.

Reason: To comply with drafting requirements and provide clear explanations involving Program coverage.

Authority: KRS 13A, KRS 205.520

82. Appendix I, Page 10 is being amended by deleting "Renal" and "services" to correctly identify the Renal Dialysis Center Services.

Reason: To clarify Program coverage available for recipients receiving services in Renal Dialysis Centers.

Authority: KRS 205.520

83. Appendix II-C, Pages 1-2 are being amended by deleting the old KenPAC eligibility card and replacing it with the new card.

Reason: To provide current KenPAC eligibility information which denotes services applicable to the KenPAC Program.

Authority: KRS 205.520

84. Appendix III-B is being added to include the Certification on Lobbying Form (MAP-343A) which is a new form that is required for Provider Enrollment purposes.

Reason: To provide a copy of a form that is now required by Provider Enrollment.

Authority: KRS 205.520

85. Appendix IV-A, Pages 1-4 are being amended by deleting the old form, MAP-344 (Rev. 08/85), and replacing it with the new MAP-344 form (Rev. 03/91).

Reason: To provide the new MAP-344 form (Rev. 03/91) which is required for Provider Enrollment purposes.

Authority: KRS 205.520

86. Appendix IV-A, Page 5 is being deleted as it is no longer required because the new form only has a total of four (4) pages.

Reason: The new MAP-344 form (Rev. 03/91) only contains four pages; therefore, this page is obsolete.

Authority: KRS 205.520

87. Appendix X is being amended by deleting the old Third Party Lead Form and replacing it with the new Third Party Lead Form (Rev. 07/91).

Reason: To enable the providers of medical services to provide EDS/Medicaid, when needed, more detailed information regarding third party involvement.

Authority: KRS 205.520

88. Appendix XI is being amended by deleting the old MAP-346 form (Rev. 08/82) and replacing it with the new MAP-346 (Rev. 07/92).

Reason: To provide the Program with additional information needed to process Medicare Part B crossover services.

Authority: KRS 205.520

89. Appendix XIX, Page 5 is being amended to include Revenue Code 636-Erythropoietin (EPO) Drug Requiring Detailed Coding which is now a covered item.

Reason: To denote that the EPO drug is now a covered item under hospital inpatient services.

Authority: KRS 205.520

90. Appendix XXI, Page 11 is being amended to include Revenue Code 636-Erythropoietin (EPO) Drug Requiring Detailed Coding which is now a covered item.

Reason: To denote that the EPO drug is now a covered item under hospital outpatient services.

Authority: KRS 205.520

91. Appendix XXI, Page 1-9 are being added to provide information to providers in reference to the Advance Directive Law.

Reason: To comply with OBRA 1990 regulations.

Authority: KRS 205.520, OBRA '90

92. Appendix XXII is being added to provide a copy of the HCFA-1500 billing form.

Reason: To provide a copy of claim form that the providers are required to utilize when billing for the Part B deductible/coinsurance amounts covering hospital-based physician services.

Authority: KRS 205.520.

**CABINET FOR HUMAN RESOURCES
DEPARTMENT FOR MEDICAID SERVICES**

**907 KAR 1:376
INCORPORATION BY REFERENCE OF THE
HOSPITAL SERVICES MANUAL**

SUMMARY OF INCORPORATED MATERIAL

October, 1992

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23. Page 4.1-4.18 are being amended to include new federally-mandated Program coverage; therefore, each page contains information which was transferred from a prior page.
24. Page 4.1 is being amended by changing "the" to "either", "date" to "the first day" and adding "if later" to clarify Program policy; "can" and "will" to "shall" to meet LRC requirements and paragraphs relating to Program policy concerning coverage for recipients under age 6 in disproportionate share hospitals and under age 1 in non-disproportionate share hospitals.
25. Page 4.2 is being amended to include additional information relating to services covered under the Hospital Indigent Care Assurance Program (HICAP). Other corrections include the deletion of "can", "is", "are", and adding "shall" or "shall be" to comply with LRC regulations.
26. Page 4.3 is being amended to include the phrase, "The services shall be considered covered, subject to other Program edits," which was inadvertently omitted from prior manual updates. Other corrections include the deletion of "are" to "shall be" to comply with LRC regulations and "3" to "30".
27. Page 4.4 is being amended to change "handicapped individuals" to "persons with disabilities" and "is" to "shall be".
28. Page 4.6 is being amended to delete "will" and add "shall" to comply with LRC regulations.
29. Page 4.8 is being amended by adding the phrase "Effective for services provided prior to July 1, 1991, in order to reflect implementation date for coverage."

30. Page 4.9 is being amended by deleting the phrase "on or after July 1, 1989" and adding "from July 1, 1989 through June 30, 1991: to clarify Program policy and deleting "are" and adding "shall be" to comply with LRC regulations. Other corrections include the addition of two paragraphs relating to federally mandated Program services provided on or after July 1, 1991, to recipients under age 6 in disproportionate share hospitals and to recipients under age 1 in non-disproportionate share hospital.
31. Page 4.10 is being amended by deleting "such" and adding "that" for correct grammar.
32. Page 4.12 is being amended to include a paragraph relating to Clinical Laboratory Improvement Amendments (CLIA). Other corrections include deleting "their" and adding "its" for correct grammar.
33. Page 4.13 is being amended by deleting "disproportionate share" and adding "Acute", "Medicaid", "with exceptionally high costs or long lengths of stay" and "under age six (6) for disproportionate hospitals" to clarify Program policy.
34. Page 4.15 is being amended by deleting "services" to clarify Program policy.
35. Page 4.16 is being amended by adding a paragraph relating to Clinical Laboratory Improvement Amendments (CLIA).
36. Page 4.17 is being added and will include item 10 concerning policy on observation room and holding beds which was inadvertently omitted from the prior update and deleting "are" and adding "shall be" to comply with LRC regulations.
37. Page 5.2 is being amended to include a paragraph clarifying Program policy relating to the billing of outpatient services provided prior to the actual time of the inpatient admission.
38. Page 5.3 is being amended by deleting the inappropriate address for ordering the CPT-4 books and adding the correct address.
39. Page 5.4 is being amended by deleting "Rendered" for clarification purposes and "its" and adding "their" for correct grammar.

40. Page 5.5 is being amended by deleting paragraphs relating to the MAP-346. This paragraph now appears on page 5.6.
41. Page 5.6 is being amended to include paragraphs relating to the MAP-346 which was transferred from the prior page and by adding "provided" under item #7 to clarify Program policy.
42. Page 5.7 is being amended by deleting "will" and adding "shall" to comply with LRC regulations.
43. Page 5.8 is being amended by adding "Effective" in last paragraph for clarification of Program coverage.
44. Page 5.10 is being amended by adding a paragraph relating to the add-on fee which has been established for out-of-state disproportionate share hospitals.
45. Page 6.1 is being amended by deleting "MCAA" and adding "MCCA" to correctly identify the Medicare Catastrophic Coverage Act of 1988.
46. Page 6.2 is being amended by deleting the last paragraph which is being transferred to the following page.
47. Page 6.3 is being amended to include the first paragraph which was transferred from the prior page and by deleting "Rendered" for clarification purposes.
48. Pages 6A.1-6A.7 are being amended to include additions, deletions, or the rearranging of information which required the transferring of information to different pages.
49. Page 6A.1 is being amended by deleting "Medical Assistance" and adding "Medicaid" for correct Program identity.
50. Page 6A.2 is being amended by adding insurance codes K, R, S, and their meaning and a sentence in the last paragraph to clarify policy involving third party payor coverage verification.
51. Page 6A.3 is being amended by adding continued clarification of services involving third party payors.
52. Page 6A.4 is being amended by deleting the incorrect EDS toll-free telephone number and entering the correct toll-free number.

53. Page 6A.7 is being amended by deleting "attorney", "company" to "carrier", adding "party, but the liability has not been determined, you shall proceed with submitting your claim to EDS if you provide" and deleting "for payment shall be pursued from the liable party. If the liable party has not been determined, attach copies of" and "the claim when submitting to Medicaid for payment." in order to clarify Program policy concerning accident and work related claims.
54. Pages 7.1-7.24 are being amended to include additions, deletions, and transferring of information to various pages in order to clarify Program policy and billing instructions.
55. Page 7.1 is being amended to delete "carbon" for clarification purposes. In addition, the fourth paragraph is being deleted and transferred to page 7.5 for billing clarification purposes.
56. Page 7.2 is being amended to delete inappropriate EDS toll-free telephone number and enter the correct toll-free number.
57. Page 7.3 is being amended to include three paragraphs relating to the billing of Part A and Part B services that are transmitted via tape to Kentucky Medicaid by the Medicare fiscal intermediary.
58. Page 7.4 is being amended by deleting "such" and adding "these" for clarification purposes. Other additions include information relating to Outpatient services provided prior to admission as an inpatient.
59. Page 7.5 is being amended by including continued information relating to outpatient services provided prior to actual admission, changing "E" to "F" and the addition of a paragraph describing form locator instructions for the UB-82 billing form which was transferred from page 7.1.
60. Page 7.6 is being amended to include "regular Medicaid" for billing clarification and a paragraph relating to the usage of TOB 134.
61. Page 7.8 is being amended by deleting "one (1)" and adding "six (6)" and "COVERED" to clarify Program policy.

62. Page 7.9 is being amended by adding a paragraph relating to the billing of regular outpatient services and recurring outpatient services in accordance with Program policy. In addition, "covered" is being included to clarify the days to be billed to Medicaid for reimbursement.
63. Page 7.11 is being amended to include updated information regarding the usage of CPT-4 codes required through 1992.
64. Page 7.12 is being amended to include the phrase "and shall be identified as Kentucky Medicaid or KY Medicaid" in order to properly identify the Medicaid Program.
65. Page 7.13 is being amended by deleting "Exception: MAID numbers of refugee recipients will include alpha characters" as Medicaid no longer covers these services.
66. Page 7.15 is being amended by deleting "state, name and license numbers" and adding "Unique Physician Identification Number (UPIN) and name" to comply with Medicare guidelines.
67. Page 7.16 is being amended by deleting "must" and adding "shall" to comply with LRC drafting regulations.
68. Page 7.19 is being amended by adding "July 1, 1991 through June 30, 1991", "for individuals under age one (1)} and two additional paragraphs concerning disproportionate share and non-disproportionate share information relating to recipients under ages of 6 and 1 which relates to Program coverage.
69. Pages 7.21-7.24 are being added in order to provide billing instructions for the HCFA-1500 that the providers are required to utilize when billing the Medicaid Program for the Part B deductible and coinsurance amounts covering hospital-based physician services.
70. Page 9.2 is being amended by deleting the inappropriate EDS toll-free telephone number and adding the new toll-free number.
71. Page 9.4 is being amended by deleting the inappropriate EDS toll-free telephone number and adding the correct toll-free number. Other corrections include deleting "ID" and adding "Identification" for clarification purposes.
72. Page 9.7 is being amended by deleting the inappropriate EDS toll-free telephone number and adding the correct number and "such" to "this" for clarification purposes.

73. Appendix I, pages 1-11, are being amended by deleting, adding, and rearranging the summaries of services covered by the Medicaid Program in alphabetical order for easier reference.
74. Appendix I, page 1 is being amended by including a description of Advanced Registered Nurse Practitioner Services, deleting "performed" and adding "provided", "free-standing" under Ambulatory Surgical Center Services and changing "may" to "shall" and "supplier or supplier of" and "a" to "suppliers of" for clarification of services provided by the Medicaid Program.
75. Appendix I, page 2 is being amended to include a summary of services provided under EPSDT Special Services Program.
76. Appendix I, page 3 is being amended by deleting "are" to "shall be" in order to comply with LRC regulations, "certain hearing aid repairs shall be covered through the hearing service element", "aid" to "aide" and "durable medical equipment, appliances and certain prosthetic supplies on a preauthorized basis" to clarify Program coverage. Other additions include Medicaid benefits available under Hospice care.
77. Appendix I, page 4 is being amended to include a sentence under Hospital Inpatient Services verifying elective and cosmetic services, services provided to recipients under age one (1) and changing "one (1)" to reflect "six (6)" in accordance with Program coverage.
78. Appendix I, page 5 is being amended by rearranging the wording of laboratory services to comply with CLIA requirements, deleting and relocating Nursing Facility Services and adding "for the Mentally Retarded and Developmentally Disabled (ICF/MR/DD)" for coverage clarification.
79. Appendix I, page 6 is being amended by deleting "Partial Hospitalization" and adding "Psychosocial Rehabilitation". Other changes include deleting information pertaining to Mental Hospital Services, Nurse Anesthetist Services, and Nurse Midwife Services as this information was transferred to other pages.

80. Appendix I, page 8 is being amended by changing "quarterly" to "periodically", "are" to "shall be" and "must" to "shall" to comply with LRC regulations. Other changes include the addition of selected vaccines and RhoGAM as a covered item under Physician Services and information regarding Nurse Midwife Services.
81. Appendix I, page 9 is being amended by deleting "immunizations", "selected vaccines and RhoGAM, anti-neoplastic drugs", "such as" to "e.g. new patient" to clarify coverage benefits and "is" to "shall be" to comply with LRC regulations.
82. Appendix I, page 10 is being amended by deleting "Renal" and "services" to correctly identify the Renal Dialysis Center Services.
83. Appendix II-C, pages 1-2 are being amended by deleting the old KenPAC eligibility card and replacing it with the new card (Rev. 11/91).
84. Appendix III-B is being added to include the Certification on Lobbying Form (MAP-343 A) which is a new form that is required for Provider Enrollment purposes.
85. Appendix IV-A, pages 1-4 are being amended by deleting the old form MAP-344 (Rev. 08/85) and replacing it with the new MAP-344 form (Rev. 03/91).
86. Appendix IV-A, page 5 is being deleted as it is no longer required because the new form only has a total of four (4) pages.
87. Appendix X is being amended by deleting the old Third Party Lead Form and replacing with the new Third Party Lead Form (Rev. 07/91).
88. Appendix XI is being amended by deleting the old MAP-346 form (Rev. 08/82) and replacing it with the new MAP-346 (Rev. 07/92).
89. Appendix XIX, page 5 is being amended to include Revenue Code 636-Erythropoietin (EPO) Drug Requiring Detailed Coding which is now a covered item.
90. Appendix XIX, page 11 is being amended to include Revenue Code 636-Erythropoietin (EPO) Drug Requiring Detailed Coding which is now a covered item.

91. Appendix XXI, pages 1-9 are being added to provide information to providers in reference to the Advance Directive Law.
92. Appendix XXII is being added to provide a copy of the HCFA-1500 billing form.